


**FILED**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90034 015 \*\*\*150.00

|  |   |   |
|--|---|---|
| <b>PROFIT CORPORATION ANNUAL REPORT 1999</b>   |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
| <b>DOCUMENT # V28849</b><br>1. Corporation Name<br><b>STRATTON PLUMBING &amp; MECHANICAL, INC.</b> |   |   |



|   |   |   |   |  |  |
|---|---|---|---|--|--|
| Principal Place of Business<br><b>636 HELVENSTON STREET-</b><br><b>9213 135 DRIVE</b><br><b>LIVE OAK FL 32060</b><br><b>US</b>  |   | Mailing Address<br><b>9213 135TH DRIVE</b><br><b>LIVE OAK FL 32060</b><br><b>US</b> |   | DO NOT WRITE IN THIS SPACE<br>3. Date Incorporated or Qualified<br><b>04/10/1992</b> |  |
| 2. Principal Place of Business  | 2a. Mailing Address   | 4. FEI Number   | Applied For   |  |  |
| 21 9213 - 135th Drive   | 26 Suite, Apt. #, etc.  | 59-3121342  | Not Applicable  |  |  |
| 22 Suite, Apt. #, etc.  | 27 Suite, Apt. #, etc.  | 5. Certificate of Status Desired  | <input type="checkbox"/> \$8.75 Additional Fee Required                           |  |  |
| 23 City & State<br>Live Oak, FL 32060   | 28 City & State   | 6. Election Campaign Financing  | <input type="checkbox"/> \$5.00 May Be Added to Fees                              |  |  |
| 24 Zip  | 25 Country  | 29 Zip  | 30 Country  |  |  |
| 24  | 25  | 29  | 30  |  |  |
| 9. Name and Address of Current Registered Agent   |   |   | 10. Name and Address of New Registered Agent                                      |  |  |
| STRATTON, JERRY D.<br>9213 - 135TH DR<br>LIVE OAK FL 32060  |   |   | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City |  |  |
|   |   |   | FL 85 Zip Code  |  |  |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. |   |   |   |  |  |
| SIGNATURE <i>Jerry D. Stratton</i> (NOTE: Registered Agent signature required when reinstating) DATE  |   |   |   |  |  |
| 12. OFFICERS AND DIRECTORS  |   |   |   |  |  |
| TITLE   | <input type="checkbox"/> DELETE                                   |   |   |  |  |
| NAME  | STRATTON, JERRY D.  |   |   |  |  |
| STREET ADDRESS  | 636 HELVENSTON ST.  |   |   |  |  |
| CITY-ST-ZIP   | LIVE OAK FL   |   |   |  |  |
| TITLE   | <input type="checkbox"/> DELETE                                   |   |   |  |  |
| NAME  | HART, SHIRLEY J   |   |   |  |  |
| STREET ADDRESS  | 636 HELVENSTON ST   |   |   |  |  |
| CITY-ST-ZIP   | LIVE OAK FL   |   |   |  |  |
| TITLE   | <input type="checkbox"/> DELETE                                   |   |   |  |  |
| NAME  |   |   |   |  |  |
| STREET ADDRESS  |   |   |   |  |  |
| CITY-ST-ZIP   |   |   |   |  |  |
| TITLE   | <input type="checkbox"/> DELETE                                   |   |   |  |  |
| NAME  |   |   |   |  |  |
| STREET ADDRESS  |   |   |   |  |  |
| CITY-ST-ZIP   |   |   |   |  |  |
| TITLE   | <input type="checkbox"/> DELETE                                   |   |   |  |  |
| NAME  |   |   |   |  |  |
| STREET ADDRESS  |   |   |   |  |  |
| CITY-ST-ZIP   |   |   |   |  |  |
| TITLE   | <input type="checkbox"/> DELETE                                   |   |   |  |  |
| NAME  |   |   |   |  |  |
| STREET ADDRESS  |   |   |   |  |  |
| CITY-ST-ZIP   |   |   |   |  |  |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |   |   |   |  |  |
| 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |  |  |
| 1.2 NAME  |   |   |   |  |  |
| 1.3 STREET ADDRESS  |   |   |   |  |  |
| 1.4 CITY-ST-ZIP   |   |   |   |  |  |
| 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |  |  |
| 2.2 NAME  |   |   |   |  |  |
| 2.3 STREET ADDRESS  |   |   |   |  |  |
| 2.4 CITY-ST-ZIP   |   |   |   |  |  |
| 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |  |  |
| 3.2 NAME  |   |   |   |  |  |
| 3.3 STREET ADDRESS  |   |   |   |  |  |
| 3.4 CITY-ST-ZIP   |   |   |   |  |  |
| 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |  |  |
| 4.2 NAME  |   |   |   |  |  |
| 4.3 STREET ADDRESS  |   |   |   |  |  |
| 4.4 CITY-ST-ZIP   |   |   |   |  |  |
| 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |  |  |
| 5.2 NAME  |   |   |   |  |  |
| 5.3 STREET ADDRESS  |   |   |   |  |  |
| 5.4 CITY-ST-ZIP   |   |   |   |  |  |
| 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |  |  |
| 6.2 NAME  |   |   |   |  |  |
| 6.3 STREET ADDRESS  |   |   |   |  |  |
| 6.4 CITY-ST-ZIP   |   |   |   |  |  |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Jerry D. Stratton* **REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Jerry D. Stratton, President

01/22/99

Date

904-364-1965

Daytime Phone #

CR2E034 (1/98)